From: Sabrina Trocchi [STrocchi@CHRHEALTH.ORG] Sent: Wednesday, November 20, 2013 4:16 PM

To: Schaefer, Mark C.

Subject: RE: A few updates [not-secure]

Hi Mark,

All well here. Hope all is well on your end. Several examples include:

- Care Coordination: Under Medicaid we currently have limited availability to bill for care coordination for children and
 no capacity to bill for adults. Although the implementation of Behavioral Health Homes will offer increased opportunity
 for care coordination, it will be specifically targeting the SMI population. We are getting no indication that commercial
 insurers are interested in covering this service—the reality is many are building their internal capabilities to provide what
 they define to be care coordination.
- Tele-psychiatry/telephonic consultation: As we begin to enter into partnerships with primary care providers, in addition to enhanced referral and communication processes, many of them are seeking telephonic consultation and access to our psychiatrists to assist in evaluation or management of patients. This is currently a non-reimbursable service.

Please let me know if you need additional information.

Thank you, Sabrina

Sabrina Trocchi
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----Original Message----

From: Schaefer, Mark C. [mailto:Mark.Schaefer@ct.gov]

Sent: Wednesday, November 20, 2013 9:50 AM

To: Sabrina Trocchi Subject: RE: A few updates [not-secure]

HI Sabrina,

I hope you're well. Although SIM may not be your intended audience below, can you elaborate on the inadequate reimbursement structures for integrated care and/or bh care coordination? Which payers are a problem and exactly what isn't reimbursed?

Mark

From: Sabrina Trocchi [STrocchi@CHRHEALTH.ORG]

Sent: Wednesday, November 20, 2013 9:34 AM

To: 'Anne Elwell'; Alison Hong; Jimenez, Angela; Ann Spenard; Catherine Wagner; Christopher Carter; Daren Anderson; Howard Dubin; Jeffrey Kagan; Commissioner, DPH; Kentfield, Jill; Joseph Kozachek; Juana Adams; Julia Evans-Starr; Julie Gelgauda; Julie Petrellis; Kathleen Tynan-McKiernan; Kathy Dillon-Orduz; Kathy Warren; Keith vom Eigen; Ken Lalime; Ken Sacks; Lauren Williams; Lori-Anne Russo; Louise Butcher; Mag Morelli; Marghie Giuliano; Marie Allen; Marie Spivey; Schaefer, Mark C.; Mary Griskewicz; Matt Barrett; Matt Katz; Michele Kelvey-Albert; Minakshi Tikoo; Molly Rees Gavin; Nancy M. Kelly; Shaffer, Nancy B.; Neysa Guerino; Nicole Fazzi; Nora Duncan; Patricia Dwy; Patty Matthews; Paul Grady; Peter Bowers; Melchreit, Richard; Robert Carr; Robert Willig; Zavoski, Robert W.; Samantha Cole; Sara Williams; Scott Cleary; Sheila Molony; Sherry Ostrout; Steve Ruth; Tamim Ahmed; Ted Surh; Timothy Elweli; Thomas Meehan; Tracy Wodatch; Veltri, Victoria; Furniss, Wendy

Subject: RE: A few updates

Here are the 3 most important issues related to behavioral health:

- Given the burden of illness and the volume of behavioral health care delivered in primary care settings, better coordination between behavioral health and primary care providers is needed.
- People with mental illness die earlier than the general population and have more co-occurring chronic health conditions. Integrated care behavioral health and primary care integration produces the best outcomes.
- Inadequate reimbursement structures limited support for integrated, care coordination approaches

Thank you, Sabrina

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[cld:image005.jpg@01CEE1E6.4F4F0730]<https://www.raceit.com/Register/?event=22241>

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From: Anne Elwell [mailto:AElwell@qualidigm.org]

Sent: Tuesday, November 12, 2013 10:18 AM

To: Alison Hong; Angela Jimenez; Ann Spenard; Anne Elwell; Catherine Wagner; Christopher Carter; Daren Anderson; Howard Dubin; Jeffrey Kagan; Jewel Mullen; Jill Kentfield; Joseph Kozachek; Juana Adams; Julia Evans-Starr; Julia Gelgauda; Julia Petrellis; Kathleen Tynan-McKiernan; Kathy Dillon-Orduz; Kathy Warren; Keith vom Eigen; Ken Lalime; Ken Sacks; Lauren Williams; Lori-Anne Russo; Louise Butcher; Mag Morelli; Marghie Giuliano; Marie Allen; Marie Spivey; Mark Schaefer; Mary Griskewicz; Matt Barrett; Matt Katz; Michele Kelvey-Albert; Minakshi Tikoo; Molly Rees Gavin; Nancy M. Kelly; Nancy Shaffer; Neysa Guerino; Nicole Fazzi; Nora Duncan; Patricia Dwy; Patty Matthews; Paul Grady; Peter Bowers; Richard Melchreit; Robert Carr; Robert Willig; Robert Zavoski; Sabrina Trocchi; Samantha Cole; Sara Williams; Scott Cleary; Sheila Molony; Sherry Ostrout; Steve Ruth; Tamim Ahmed; Ted Surh; Timothy Elwell; Thomas Meehan; Tracy Wodatch; Victoria Veltri; Wendy Furniss

Hi Everyone,

The CPH are being presented with what I think are great opportunities based on our diverse skills, expertise, and reach of our members. Tim has agreed to mentor four graduate students from Quinniplac in a patient safety project. The goal of this initiative is to develop an inventory of all of the patient safety related initiatives that are occurring within CT, across the continuum. As you can imagine, this will be a big task that will require input from our group. Please stay tuned- I will keep you posted on the project as well as further steps.

Secondly, Tim, Nancy, and I met with the folks at WTNH yesterday. They are very interested in working with us to develop a media project that will heighten awareness and inform consumers about their health and healthcare with the ultimate goal of improving the health of CT's residents. As a result, I would really like to fast forward what we talked about at the CPH meeting last week. Could you please forward to me the 3 most important issues you believe your entity and its clients are facing in CT? This will help inform further discussion with the folks at WTNH.

Please feel free to send any and all suggestions to me as well. We are beginning to be known as the "go to" group. This is a potential win-win for the CPH, the missions of each of our individual organizations, and most importantly for our state and its residents.

All the best Anne

Anne Elwell, MPH, RN Vice President, Community Relations [cid:image006.png@01CEE1E6.4F4F0730]

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